

## The Board of Barbering and Cosmetology

P.O. Box 944244  
Sacramento, California 94244-2260  
P (916) 575-7113 F (916) 928-6810

### Petition for Reinstatement of a Revoked License

The Petition for Reinstatement process allows you, the petitioner, an opportunity for a formal administrative hearing before the Board, presided over by an Administrative Law Judge, to address the Board's concerns for consumer safety before determining whether to grant or deny your Petition for Reinstatement. Petitioning to reinstate your license involves submitting a Petition for Reinstatement form and presenting evidence of rehabilitation at an administrative hearing. **Should your license be reinstated, a statutory licensing fee may be due and payable at the time of reinstatement.**

To assist you in the process, the following items are enclosed:

- Instructions
- Petition for Reinstatement
- Applicable Code sections governing a Petition for Reinstatement and Criteria for Rehabilitation

Please review the Petition for Reinstatement instructions carefully prior to completing the Petition for Reinstatement form and prior to your hearing. Forward your documents to the Board's Enforcement Coordinator at the address below for review. Board enforcement staff will forward the documents to the Office of the Attorney General and will set a hearing date. Please be aware, petitions for reinstatement hearings occur at the Board's quarterly Board Meetings (up to four times a year) that are held at different locations throughout the State (i.e. Sacramento, San Jose, San Diego, or Los Angeles). As these meetings only occur up to four times a year, your scheduled appearance could take up to six months or longer.

If you have any questions regarding the petition process or if you have a change of mailing address during the process, please contact:

Board of Barbering and Cosmetology  
Attn: Paul Whelan  
P.O. Box 944226  
Sacramento, CA 94244-2260  
(916) 575-7113  
Paul.Whelan@dca.ca.gov

## Petition for Reinstatement

### INSTRUCTIONS

The following information is provided to facilitate your petition to the Board for the reinstatement of your license. **Carefully read all instructions before completing your petition.** In order to show your petition should be granted, it is **YOUR RESPONSIBILITY** to provide evidence that it will be safe for consumers to receive your services.

#### DETERMINE YOUR ELIGIBILITY

In order to qualify to be considered for reinstatement, at least one year must elapse from the effective date of the decision or from the date of the denial of a similar petition.

**Note:** The EFFECTIVE DATE is on the decision you received outlining the action taken against your license. If your order requires certain conditions be met prior to the reinstatement of your license (payment of cost recovery, payment of fines, remedial training), the Board recommends these conditions be met prior to the submission of your petition for reinstatement. If you are uncertain about the effective date of the decision or the conditions of your decision, please call (916) 575-7113 or email [Paul.Whelan@dca.ca.gov](mailto:Paul.Whelan@dca.ca.gov).

#### SUBMIT THE FOLLOWING:

The Petition for Reinstatement form completely filled in and signed.

**The Board strongly recommends you also submit the following:**

1. Letters of reference
2. Community service documentation
3. Self-improvement of any nature
4. Remedial education
5. Proof of full or partial payment of any/all fines, fees and/or recovery costs owed to the Board
6. A narrative statement providing evidence of rehabilitation
7. Evidence to support any statements you make in your petition or in your narrative statement





## PETITION FOR REINSTATEMENT OF REVOKED LICENSE(S)

(Business and Professions Code section 11522)

### SECTION A: PERSONAL INFORMATION

Social Security Number or Individual Taxpayer Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Month			Day			Year	

Last Name

First Name

Middle Name

Residence Address

City

State

Zip Code

Telephone Number

CA Driver's License Number

E-mail Address

Are you currently employed? ☐ No ☐ Yes If yes, please complete Section B below.

### SECTION B: CURRENT EMPLOYMENT INFORMATION (if applicable)

Current Business Address

City

State

Zip Code

Employer's Last Name

First Name

Middle Name

Employer's Mailing Address

City

State

Zip Code

Employer's Telephone Number

Employer's E-mail Address

### SECTION C: EMPLOYMENT HISTORY [since the effective date(s) of the action(s) taken against your license(s)]

Please attach a list of previous employers listing the company name, address, phone number, contact person and dates of employment.

### SECTION D: ATTORNEY INFORMATION (if applicable)

Attorney's Last Name

First Name

Middle Name

Attorney's Mailing Address

City

State

Zip Code

Attorney's Telephone Number

Attorney's E-mail Address

### SECTION E: LICENSE INFORMATION

Revoked License Type and Number to be Reinstated (list all)

Decision Number

Effective Date

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_



## SECTION F: HEARING PREFERENCE

### Location Preference

- ☐ **Northern California**  
☐ **Southern California**  
☐ First Available

### Language Preference

- ☐ English    ☐ Vietnamese    ☐ Spanish    ☐ Korean  
☐ Other (please specify): \_\_\_\_\_

## SECTION G: BACKGROUND INFORMATION [since the effective date(s) of the action(s) taken against your license(s)]

1. Have you been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country, including no contest pleas or convictions that were subsequently dismissed (do not include traffic violations resulting in a \$300 fine or less)? ☐ No ☐ Yes **If yes, attach all Court documents and the details and explanation of the offense(s).**
2. Have you been placed on criminal probation or parole? ☐ No ☐ Yes **If yes, attach the Court Order.**
3. Have you been required to register as a sex offender? ☐ No ☐ Yes **If yes, attach the Court Order.**
4. Do you currently have any criminal charge(s) pending against you? ☐ No ☐ Yes **If yes, attach the details, explanation of the charge(s) against you, and a description of the facts and circumstances that led to the charge(s).**
5. Have you had any professional or vocational license or application denied, suspended, revoked, placed on probation or other disciplinary action taken by any other governmental authority in this state or any other state, or any foreign country? ☐ No ☐ Yes **If yes, please attach a copy of the administrative action(s), and the details and explanation of the disciplinary action(s).**

## SECTION H: CURRENT COMPLIANCE

**Please attach a description of what you have done to rehabilitate yourself pursuant to the criteria set forth in California Code of Regulations section 971 and any documentation supporting your rehabilitation efforts.**

## SECTION I: APPLICANT CERTIFICATION

*I certify that I have read and understand the laws and regulations pertaining to this profession in California. I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this petition are true and accurate.*

Signature

Date





**BOARD OF BARBERING AND COSMETOLOGY**  
P.O. Box 944226, Sacramento, CA 94244-2260  
P (800) 952-5210 F (916) 575-7281 [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)



## **INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

### **AGENCY NAME**

Board of Barbering and Cosmetology

### **TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE**

Executive Officer

### **ADDRESS**

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

### **INTERNET ADDRESS**

[www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

### **TELEPHONE AND FAX NUMBERS**

(916) 574-7570 phone (916) 575-7281 fax

### **AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION**

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

### **CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:**

Please provide all information requested. Omission of any item of requested information may result in the petition being rejected as incomplete.

### **PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED**

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

### **ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION**

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

### **SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) DISCLOSURE**

Disclosure of your SSN or ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorizes collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **TAXPAYER INFORMATION**

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.





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**APPLICABLE CODE SECTIONS GOVERNING  
A PETITION FOR REINSTATEMENT,  
AND CRITERIA FOR REHABILITATION**

**\*11522. Petition for Reinstatement**

**A person whose license has been revoked or suspended may petition the agency for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.** The agency shall give notice to the Attorney General of the filing of the petition and the Attorney General and the petitioner shall be afforded an opportunity to present either oral or written argument before the agency itself. The agency itself shall decide the petition, and the decision shall include the reasons therefor, any terms and conditions that the agency reasonably deems appropriate to impose as a condition of reinstatement. This section shall not apply if the statutes dealing with the particular agency contain different provisions for reinstatement or reduction of penalty.

**\*\*971. Criteria for Rehabilitation**

- (a) When considering the denial of a license, pursuant to Section 480 of the Business and Professions Code, for which application has been made under Chapter 10, Division 3 of the Business and Professions Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license, shall consider the following criteria:
  - (1) **The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.**
  - (2) **Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial, which also could be considered as grounds for denial under Section 430 or the Business and Professions Code.**
  - (3) **The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).**
  - (4) **The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.**
  - (5) **Evidence, if any, of rehabilitation submitted by the applicant**
- (b) When considering the suspension or revocation of a license, issued under Chapter 10, Division 3 of the Business and Professions Code under Section 490 of that same code, the board, in evaluating the rehabilitation of such person and his or her present eligibility for a license, shall consider the following criteria:
  - (1) Nature and severity of the act(s) or offense(s).
  - (2) Total criminal record.
  - (3) The time that has elapsed since commission of the act(s) or offense(s).
  - (4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
  - (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
  - (6) Evidence, if any, of rehabilitation submitted by the licensee.
- (c) When considering a petition for reinstatement of a license, the board shall evaluate evidence of rehabilitation submitted by the petitioner, considering those criteria of rehabilitation specified in subsection (b).

\*Government Code, Title 2, Division 3, Part I, Chapter 5

\*\*California Code of Regulations, Title 16, Division 9